

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

FD NO. HV264189

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

| | | | |
|--|----------------------------|--|--|
| OFFICER INFORMATION | | INCIDENT INFORMATION | |
| NAME (LAST - FIRST - M.I.) FIETKO, MICHAEL T | | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR | |
| STAR NO. 7513 | POSITION POLICE OFFICER | ADDRESS OF OCCURRENCE 2356 W 25TH ST | |
| DATE OF APPOINTMENT 01-SEP-2010 | EMPLOYEE NO. [REDACTED] | CITY <input checked="" type="checkbox"/> CHICAGO | STATE (If outside Chicago) |
| UNIT OF ASSIGNMENT 010 | BEAT/CALL NO. 1071R | LOCATION CODE 303-SIDEWALK | BEAT OF OCCURRENCE 1034 |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | RACE WHITE | DOB [REDACTED] | DATE OF OCCURRENCE 30-APR-2012 TIME 02:51:00 DAY OF WEEK MONDAY |
| HEIGHT 602 | WEIGHT 200 | NO. OF OFFICERS BATTERED 12 | |
| WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO | | | |
| IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 10 | | | |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED | | | |
| <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ | | WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <input type="checkbox"/> 1. SHOT <input type="checkbox"/> 2. SHOT AT <input type="checkbox"/> 3. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 4. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 5. OTHER (INCLUDING VERBAL THREATS) | |
| MANNER OF ATTACK | | | |
| PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input checked="" type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____ | | | |
| TYPE OF WEAPON/THREAT | | | |
| (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____ | | | |
| 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER | | | |
| TYPE OF ACTIVITY | | | |
| <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ | | | |
| <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ | | | |
| <input checked="" type="checkbox"/> K. OTHER _____ | | | |
| FIREARM USE INFORMATION (Check all that apply): | | | |
| <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON | | | |
| OFFENDER INFORMATION | | | |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | RACE BLACK | DOB [REDACTED] | CB NO. 00000000 IR NO. |
| WAS THE OFFENDER'S ACTIVITY DRUG RELATED? | | | |
| <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN | | | |
| GANG RELATED? | | | |
| <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN | | | |
| NO. OF OFFENDERS PRESENT? 3 | | | |
| TYPE OF INJURY TO OFFICER | | | |
| <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE | | | |
| LIGHTING CONDITIONS AT INCIDENT | | | |
| <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD | | | |
| WEATHER CONDITIONS | | | |
| <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> D. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WINDS | | | |
| APPROXIMATE OUTDOOR TEMPERATURE: 35°F Attachment # 131 | | | |

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
FIETKO, MICHAEL T

STAR NO.
7513

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
JOHNSON, EDDIE T

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